



Division of Developmental Disabilities Advisory Council

Retreat

April 18, 2019

9 a.m. – 2 p.m.

The Outlook Room at the Duncan Center

Dover, DE

Council Members:

Terri Hancharick, Chair
Stan Trier
Tom Rust
Tim Brooks
Angie Sipple
Gail Womble
Susan Pereira

Staff Members:

Marie Nonnenmacher, Director
Marissa Catalon, Deputy Director
Terry Macy, Director of Community Services
James Dickinson, Director Service Integrity & Enhancement
Kamin Giglio, Assistant Director of Community Services, Policy & Planning
Katie Howe, Director of Program Integrity
Vicky Gordy, Minutes

Review of Previous Meeting Minutes

Council members approved the minutes from the March 21, 2019 meeting.

Retreat Notes

Meeting Schedule for State Fiscal Year 2020

Meeting schedule reviewed. At DDDS request, Council agreed to cancel June 20 and October 17, 2019, meetings. Meeting timeframes are consistently 10 a.m. – 12 p.m. and held at the DDDS Director's Office Conference Room at 1056 S. Governor's Avenue, Dover, Delaware, 19904. DDDS to send any breaking information to Council via email.

DDDS Future Initiatives/DDDSAC Priorities

The Council received the short and long-term initiatives from DDDS. DDDS continues to work to implement all aspects of the LifeSpan Waiver Amendment, continues to work to complete the five-year Lifespan Waiver renewal, and continues to work to implement the transition from administrative case management to targeted case management. These are all huge undertakings from a systems perspective (both information system and infrastructure creation). As these tasks are nearing completion, DDDS is attempting to focus on work to fix the tactical items such as:

- Develop new reimbursement methodologies for Nurse and Behavior Consultation Services (hope to result in more providers being encouraged to enroll to provide these services)

- Develop new reimbursement methodology for Shared Living
- Develop new reimbursement methodologies for Day Service Transportation (currently uses support hours to determine transportation rate – hoping to leverage federal funds)
- Maximize Medicaid eligibility for DDDS clients (met with Bank of America to assist with the identification of strategies that may help to minimize disruption to financial situation)
- Develop medical and behavior addenda to the ICAP assessment (developing a mechanism to acknowledge that people may have behavior or medical needs that could require direct support staff with a higher level of expertise and being able to compensate for those staff.)

DDDS hopes to complete the above tasks before the end of FY19 with consultant assistance.

With the increased enrollment in the LifeSpan Waiver, DDDS is seeing a reduction in the number of people who need 100% state funds to pay for services. Once a person becomes Medicaid eligible, DDDS can leverage federal Medicaid funds to assist with the cost of services. DDDS is exploring using these newly unencumbered funds to assist with funding FY20 long-term initiatives that include:

- Fund/implement medical acuity factor add on for Day services (computed by JVGA) (criteria development necessary)
- Fund/implement new reimbursement methodologies for Nurse and Behavior Consultation Services
- Fund/implement new reimbursement methodology for Shared Living
- Fund/implement new reimbursement methodologies for Day Service Transportation (may require more funding)
- Fund a DSP rate increase

Additional initiatives include:

- Competitively Procure new Electronic Case Record software (once procured, plan to go live six months after contract signing; continue to use Therap until established)
- Use NCI data to manage DDDS operations (use core indicators to assist operations)
- Work with DSCYF and DOE to develop in-state home-like options for children with IDD who are referred to ICT for unique educational options (dialog started)
- Focused recruitment of new "niche" providers (supported employment for people with autism, providers of medical residential habilitation, residential providers that can support people with significant behavior support needs, etc.)
- Leverage technology to increase independence for people with IDD (joined multistate consortium with creative solutions)

- Review alternative models of determining direct support needs possibly to include individual budgets (modifications to ICAP and bring in-house for DDDS staff to complete)
- Amend TCM SPA to allow Columbus to deliver case management to waiver members living in a provider managed setting (provider qualifications currently limit who can perform TCM)
- Overcome systemic barriers for new Supported Employment providers to enter the market
- Increase number of adults with IDD who are working in competitive employment
- Engage Shared Living Broker to recruit and manage shared living providers (DDDS re-exploring obtaining a shared living broker/DDDS would like to see more growth in shared living since this model is the most “home-like” of the residential services options – Council member reported that when given choice, families prefer provider-managed residential settings over shared living)
- Develop more accessible residential options
- Explore creative methods for housing options & remove barriers (enable system to be more nimble in accommodating unique arrangements)
- Explore creative methods of delivering transportation & remove barriers (hope that demand will bring Uber and Lyft into the accessible transportation arena)
- Routinely collect customer satisfaction data and use it to manage the division
- Develop DSP workforce of the future

Council discussed the need to choose staying on the LTSS Waiver or transitioning to LifeSpan Waiver. LTSS covers attendant care and LifeSpan Waiver covers supported employment services and/or day services. Council member reported that this creates a dilemma for individuals with more significant needs, which require attendant services but also want to engage in supported employment services. Parents are feeling like it’s “all or nothing” again. This is a difficult choice for parents and has the potential to impact people who want to work, but are unable to access employment supports via LTSS.

DDDS has been thinking about ways to address issue. DDDS has approached DMMA to consider including Day Services and Supported Employment as a benefit under the Diamond State Health Plan Plus program for people with IDD. DMMA did consolidate a number of Waivers (assistant living, elderly, brain injury, etc.) when they developed the LTSS Waiver, consolidating Waivers may be a potential solution. Between ages 14-25, people have the ability to enroll in the Pathways to Employment Program that solves problem in that limited age band. DDDS realizes that DMMA gets pressure from many areas (federal and state government, to reach healthcare benchmarks, criticized for high spending, MCO’s want higher payments); therefore, DDDS requests to DMMA must be thoroughly evaluated with this issue in mind.

DDDS requested that DMMA move people receiving residential habilitation services from Fee for Service Medicaid to Managed Care for their non-Waiver, acute healthcare benefits. This transition is happening now. This is a huge program change for DMMA. DDDS expects this to

have a positive impact with regard to increased healthcare provider options and increased flexibility to meet individual health needs.

DDDS Provider Quality Monitoring Process

Council reviewed the “*DDDS Lifespan Waiver Application to Provide DDDS Home and Community Based Services*”. DDDS is reassessing the provider enrollment process for efficiency, perhaps by instituting a metric program. Some applicants take longer to complete process, which DDDS is looking to streamline.

The Council reviewed the “*Service Integrity and Enhancement Summary of DDDS Evaluation Functions*.” Once an applicant becomes a qualified DDDS Provider, routine monitoring of services occurs by DDDS Nurses, Support Coordinators, and Community Navigators. A representative sample of sites are surveyed annually to ensure compliance to the HCBS Waiver, Community Rule, all applicable federal/state law and regulation as well as DDDS Standards. If licensed, survey results go to the Division of Health Care Quality and maintained in the Harmony system and/or Therap. DDDS service sites are subject to same monitoring systems and are assessed annually. DDDS service site incident reporting and data collection/storage also occurs in the same manner as independent providers.

The Office of Incident Resolution receives reports of incidents that cause or have significant potential to cause harm to health/safety to DDDS service recipients. 75-80% of reportable incidents are reported via the DDDS website. All reported incidents are investigated.

Providers are required to submit Quality Improvement Plans (QIPs) to remediate deficiencies or problems identified by routine monitoring and/or the outcome of an investigation. DDDS assesses and approves the QIP and evaluates the QIP via site visits and data reviews. DDDS may institute corrective measures if providers have repeated/reoccurring substantiated incidents or repeated failure to meet standards. The development of the Incident Reporting and Corrective Measures Regulations continues with target of July implementation.

The current DDDS Provider Probation Protocol consists of a probation designation, which includes a moratorium on accepting new service recipients and a prohibition on completing incident investigations. This protocol does not offer many options for long-term improvements. The new regulation includes a larger menu of corrective measures including moratorium on admissions, mandatory technical assistance, enhanced monitoring expanding the level to which routine monitoring is applied, random site visits, record reviews, and possible financial penalties. DDDS offers technical assistance for providers to assist with developing QIPs, implementing interventions, evaluating efficacy of interventions, and modifying intervention if proved ineffective. The items identified as areas where corrective measures may be applied relate to LifeSpan Waiver performance measures. Continued poor performance with performance measures jeopardizes federal funding - approximately 90 million dollars/year. If DDDS does not take additional action to improve service delivery and outcomes, DDDS may not be able to continue to leverage federal funding.

DDDS has long been considering the development of a Provider Report Card consisting of monitoring data and other data sources (i.e. DMMA, Therap, complaints, etc.). This report card would be posted publicly (online) and available all stakeholders to view. Data generated could

be used to establish performance averages and allow for continuous quality improvement activities. Comparable data is useful to families and for providers to benchmark themselves against other providers with similar service models.

DDDS generates over 100 reports/sub-reports at different times (monthly, quarterly, yearly, when needed, etc.) that are being reassessed for relevancy. The Data Reporting and Analytics Unit is engaged in a structured process to identify the kinds of data needed and how staff need to access data. The ultimate objective is to have data needed by administrators available to them with the “push-of-a-button” report and not require assistance from the Data unit each time data is needed.

DDDS Quality Assurance staff meet monthly to examine Waiver Performance Measure data and reportable incident data to assess for potential system-wide issues. DDDS performance measures (reported to DMMA and CMS) encompass all parts of service delivery and have improved significantly over the past two years. DDDS recruits subject matter experts to provide a multi-discipline approach to problem solving when needed.

DDDS has an Incident Management Review Team (IMRT) that monitors/evaluates thoroughness and efficacy of investigations. Evaluations include timeliness, completeness, documentation, conclusions and overall investigation process against program standards.

Periodically, DDDS submits progress of the 2015 Home and Community Based Transition Plan to DMMA/CMS. These updates are available for review on the DDDS and DMMA website. DDDS is currently reassessing the State Transition Plan due to a recent release of updated guidance by CMS on settings that isolate and heighten scrutiny.

DDDS Current Projects

Council reviewed the “*DDDS Projects*” spreadsheet that identifies strategic projects, project lead, timelines and milestones with due dates. Many projects are due at the end of FY19 (June 30th) while some spill over to FY20. DDDS is focusing on completing these long-standing projects rather than adding new projects.

DDDS is adding Medical Residential Habilitation to the menu of services available in the LifeSpan Waiver. This service is designed to support people with specialized nursing supports who live in a community based residential setting.

DDDS continues to engage with their staff to embrace a true person centered culture. Staff verbally express support for the philosophy, but this alone does not change behavior and practice; therefore incorporating person centeredness into everything we do is ongoing and the most difficult project on list.

The ACIST program, a program designed to support individuals with co-occurring IDD and severe and persistent mental illness (SPMI) is operational. DDDS continues to work with DMMA to complete the necessary programming changes to the billing software as part of the remaining implementation activities.

Implementation of Targeted Case Management (TCM) as a Medicaid State Plan service occurred approximately one year ago. As with any new program, adjustments to the original design are ongoing and programming changes to the billing software are very close to being complete.

The 21st Century Cures Act mandates that states implement an Electronic Visit Verification (EVV) system for all Medicaid Personal Care services and Home Health services that require an in-home visit by a provider. It appears that no consideration was given to self-directed services during development. DMMA is collaborating with the vendors of Personal Care and Home Health services to develop solutions. How to incorporate the requirements for EVV in Self-Directed service models is going to be a significant challenge.

DDDS Community Services is working to redesign PROBIS and Human Rights Committee by following the “Plan, Do, Study, Act” process. We are now in the “Study” phase. Some tweaks are required and the “Act” portion will implement those adjustments; afterwards, the “Plan, Do, Study, Act” process begins again.

Aging in Place is an ongoing process and Community Services is working to identify barriers. The most significant barrier is the accessibility of people’s homes.

Promoting use of technology to increase independence now and in the future. The use of technology may also help with the workforce shortages. This is an area that is gaining attention across the nation. DDDS is taking part in a consortium of states exploring the use of enabling technology.

DDDS hired a full time employee, the Manager of Family Engagement, to develop a community and family engagement strategy. This plan is in the implementation phase.

DDDS is ending the contract with Arbitre Consulting Inc. on June 30, 2019, and will be completing ICAP assessments in-house. Although there is a cost savings associated with this change, there is also an expectation that the quality of the assessments will improve. DDDS’s goal is for the ICAP assessments to be more representative of people’s true support needs. This has long been a complaint about the ICAP assessment results. DDDS hired a dedicated Senior Behavior Analyst to administer the ICAP assessment. Two additional Senior Behavior Analysts are also being trained to administer the ICAP assessments.

Recruitment of new “niche” providers is on the current and future project list although common barrier is providers wanting start-up funding.

DDDS is reviewing our role with regard to Training (both DDDS employees and provider employees). We will share more as we continue this review.

DDDS revisions to eligibility and appeal regulations are almost complete. Revisions began with changing name of “mental retardation” to “intellectual developmental disabilities”. Additional revisions are being made to clarify eligibility requirements and to add the expectation that people will make every effort to apply for Medicaid if they wish to obtain Medicaid services.

DDDS continues to monitor the implementation of the HCBS Statewide Transition Plan. The regulation, promulgated in 2014, gave states a year to develop transition plan, which DDDS completed, CMS approved our plan in 2017. DDDS is now in the monitoring phase of the plan. DDDS must demonstrate full compliance by 2022.

DDDS is engaged in an ongoing dialog with the Division of Health Care Quality (DHCQ) to clarify our individual roles with regard to monitoring of group homes. Currently, DHCQ is responsible for licensing group homes but not Community Living Arrangements (CLA); therefore, no entity is inspecting apartments for minimal environmental safety standards. Plans to remove the person centered planning language from DHCQ licensing regulations is ongoing as DHCQ monitors physical plant while DDDS monitors person centered planning and the experience of the service recipient.

DDDS will be formalizing an annual Provider re-qualification process. Re-qualification is currently defined as having a satisfactory annual Quality Service Review.

DDDS' Deputy Attorney General (DAG) has advised us that our ability to enforce various policies would be strengthened if those policies were converted into regulations. Therefore, DDDS is reviewing our policies to determine which policies would be better suited as regulations.

The FY19 Provider contracts required all providers to have a Medicaid Compliance Plan by June 30, 2019. DDDS provided guidance and support to providers to assist them with the development of their Medicaid Compliance Plans. Although contractually required, DDDS will only verify that each provider has a Medicaid Compliance Plan. DDDS expects individual providers to assess their own plans, to ensure all required elements are adequately addressed in the plan, and to routinely evaluate the plan to determine effectiveness. DDDS will play no role in assessing, evaluating or approving individual provider Medicaid Compliance Plans.

DDDS OBSS has been meeting with The ARC of Delaware to ensure appropriate financial processes are in place. The ARC of Delaware operates different programs: Housing (both HUD and Non-HUD homes) Supported Employment as well as Advocacy services. DDDS funds some of the costs associated with the ARC's housing programs; therefore, DDDS has asked the ARC for assurance that costs associated with each of their service lines are appropriately categorized.

DDDS is standardizing and updating DDDS organizational charts for easy distribution.

DDDS is working to develop a historical fiscal database of expenditures to assist with budget planning.

After the end of FY19, DDDS hopes to transfer representative payee functions to the Office of Public Guardian (OPG). DDDS gave two positions that required reclassification to OPG last year. OPG is amending DE code to include this function in a limited capacity.

DDDS amended its cost allocation plan, which permitted DDDS to leverage Medicaid funding for administrative activities that DDDS performs in support of Medicaid Programs (Waiver, Pathways to Employment, Targeted Case Management, etc.). A few additional adjustments are

required, but essentially, this is now in place. After a preliminary review, DDDS predicts leveraging approximately 2 million additional dollars in federal funding than what was available in the past and hopes to use some of these funds towards a provider rate increase.

SIE is working to develop a detailed manual to support new service providers.

SIE is working to restructure the DDDS intranet page and internet website.

DDDS is contracting with Therap for an Electronic Case Record. DDDS is required to re-procure this service using the RFP process. DDDS has approximately two years before the RFP will need to be issued.

DDDS will develop an interstate agreement protocol to bring back for out of state placements to Delaware.

The development of desk manuals for all critical DDDS job functions is ongoing.

DDDS nurses and behavior analysts stopped delivering direct service approximately a year ago. Since then, the job duties for these staff/positions have been modified to assist with monitoring activities and administering Medicaid programs. The evolution of these positions continues. As DDDS continues to transform from a service delivery organization to an organization that provides oversight and monitoring, DDDS expects other internal positions will also require this type adjustment with job duties.

SIE continues work developing a new personal funds policy.

DDDS is codifying the process of new site development criteria. The process is needed to ensure new sites are accessible, are in a sensible location, and capacity is not over purchased (too many homes without people to fill), etc.

DDDS SIE revised provider standards approximately two years ago to incorporate all aspects of the community rule. SIE made revisions last year and is reviewing for additional revisions now. This is expected to be a routine quality improvement activity.

DDDS is looking at the four regions to see if there may be a better structure to lead to better service delivery.

Expectations of DDDS Director for the GAC

Council reviewed the “Expectation of Governor’s Advisory Council” document distributed that included:

- Advocate on behalf of the Division’s mission with legislators and other stakeholder groups
- Help DDDS to be informed and aware of the “word on the street” for issues that may impact DDDS mission and operations

- Share your perspective as parents of service recipients of DDDS on what we are doing well and areas for improvement (including impact on families)
- Help DDDS to identify unmet needs among our service recipients and their families
- Share your “connections” with us so that we can share them with others
- Be a sounding board and provide feedback on ideas we present to you
- Share information about DDDS with others who can benefit from that knowledge

These are all ways the DDDS Governor’s Advisory Council assist DDDS fulfilling its mission: *Valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, achieving possibilities....working together to support healthy, safe and fulfilling lives.*

Lunch with Surprise Presentation

Although there were unforeseen system issues, Council saw “Let’s Get to Work” presentation during lunch.

Taking the Pulse of DDDS (Case for Inclusion Report, GAO HCBS Report, and NCI Data Overview)

Katie Howe gave a presentation surrounding the National Core Indicators (NCI) data. The National Core Indicators-Aging and Disabilities is an initiative designed to support states’ interest in assessing the performance of their programs and delivery systems in order to improve services for older adults and individuals with physical disabilities.

Other Business/Announcements

Council member reported that during a recent Together for Choice meeting, Stacy Watkins, DDDS Chief of Operations-Community Services, spoke about the LifeSpan Waiver and was “yards beyond” other speakers.

Adjournment

Retreat adjourned at 2:10 p.m.

Future Meetings

May 16, 2019	10:00 a.m. – 12:00 p.m.
July 18, 2019	10:00 a.m. – 12:00 p.m.
September 19, 2019	10:00 a.m. – 12:00 p.m.
November 21, 2019	10:00 a.m. – 12:00 p.m.